captioned "Mineral Water a minefield of contamination" published in the Financial Express dated the 17th July, 1997;

(b) if so, Government's reaction thereto;

(c) the specific action plan to ensure quality of mineral water as per standard specifications, including the genuineness of the source;

(d) whether Bureau of Indian Standards has been approached for fixing standards and certification; and

(e) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) Yes, Sir.

(b) and (c) The standards for mineral water have been laid down under P.F.A. Rules, 1955. The State/U.T Governments check the quality of mineral water as per specifications laid down under P.F.A. Rules, 1995 from time to time. The Food(Health) authorities of the States/U.Ts have been asked to keep a vigil on quality of mineral water.

(d) and (e) The Bureau of Indian Standards has already formulated the specifications for mineral water.

Recommendations of Central Council of Health and Family Welfare

2531. SHRIMATI JAYANTI PATNAIK: Will the PRIME MINISTER be pleased to state:

(a) the number of meetings convened by the Central Council of Health and Family Welfare during the last three years;

(b) the details of recommendations made by the Council in regard to matters concerning health and family welfare;

(c) the steps taken by Government to implement their recommendations; and

(d) the progress made by different states in achieving the job of family welfare programmes set under the National Health Policy?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) Two Conferences of Central Council of Health & Family Welfare, one in October 11-13, 1995 and the other in January, 8-10, 1997 were held during last three years.

The recommendations of the Fifth Conference of the Council interalia include:

(i) Implementation of the family welfare programmes on the basis of the Target Free Approach.

(ii) Exposure of the children in school going age to health education to promote healthy lifestyle and health hygiene.

(iii) Increasing the effective age of marriage and promotion of birth formation, education and communication in the community to delay the first birth.

(iv) Strengthening of primary secondary and tertiary health care delivery system.

(v) Modification of service rules in the Central and State Governments and in their undertakings to ensure that the two child norm is adopted by their employees.

Introduction of a Bill in Parliament for disqualifying persons with more than two children prospectively, from being elected to Parliament.

(vi) Development of epidemiological surveillance and support system to control the outbreak of diseases.

(vii) Various measures to control/eradicate communicable and non-communicable diseases like ma-

leprosy, T.B., AIDS, cancer, blindness etc.

(viii) Strengthening of food and drug quality control mechanism.

(ix) Improvement of emergency services in Government hospitals.

(x) Measures to improve environmental health and sanitation.

(xi) Setting up of National Illness Assistance Fund.

(xii) Compulsory 2-3 years rural service for Doctors.

(xiii) Regulatory measures for private nursing home and introduction of Charter Mark.

(xiv) Strengthening of Indian Systems of Medicine and Homoeopathy

(c) The recommendations of the Council were communicated to the State Govts. who are primarily responsible for the implementation of health and family welfare programmes. The Central Govt. has also taken effective steps to implement National health programmes in the light of various recommendations of the Council.

(d) The goals set out in the National Health Policy, 1983 for family welfare programmes are sought to be achieved through child survival and safe motherhood programme including extension of immunization cover to women and children. Statewise performance of family welfare programmes in terms of certain indicators is annexed as Statement.

Statement

Statewise performance in Family Welfare

Sl.No.	Name of State/UT	Crude Birth Rate (per 1000 population)	Infant Mortality Rate (per 1000 live births)	Couple Protection Rate (% as on 31-3-97	Total Fertility Rate (1993)
1	2	3	4	5	6
	India	28.3	74	45.4	3.5
	States				
1	Andhra Pradesh	21.2	67	46.9	2.7
2	Arunachal Pradesh	23.8	63+	12.1	NA
3	Assam	29.3	77	19.1	3.3
4	Bihar	32.1	73	21.1	4.6
5	Gujarat	26.7	62	57.4	3.2
6	Goa	14.7	14+	32.9	NA
7	Haryana	29.9	69	53.9	3.7
8	Himachal Pradesh	25.2	63	55.3	2.8

1	2	3	4	5	6
9	Jammu & Kashmir	NA	NA	47.6	NA
10	Karnataka	24.1	62	55.6	2.9
11	Kerala	18.0	15	46.7	1.7
12	Madhya Pradesh	33.2	99	47.4	4.2
13	Maharashtra	24.5	55	51.0	2.9
14	Manipur	20.6	27+	23.7	NA
15	Meghalaya	29.0	45+	4.0	NA
16	Mizoram	NA	NA	44.2	NA
17	Nagaland	20.1*	6+	8.1	NA
18	Orissa	27.8	103	39.5	3.1
19	Punjab	21.6	24	76.9	3.6
20	Rajasthan	33.3	86	32.6	4.3
21	Sikkim	27.5	47+	23.7	NA
22	Tamil Nadu	20.3	54	51.7	2.1
23	Tripura	18.9	45+	26.3	NA
24	Uttar Pradesh	31.8	86	37.2	5.2
25	West Bengal	23.6	58	34.2	3.0
	Union Territories				
1	Andaman and Nicobar Islands	18.7	32+	40.9	NA
2	Chandigarh	16.5	42+	38.3	NA
3	Dadra and Nagar Haveli	29.7	73+	35.6	NA
4	Daman and Diu	21.8	36+	36.8	NA
	Delhi	22.3	39+	33.9	NA
	Lakshadweep	25.5	37+	9.6	NA
7	Pondicherry	20.1	25+	65.7	NA

Source : Col (3) and (4), Sample Registration System (SRS) data for 1995. Col (6) SRS data for 1993. (Col (5) Programme Data.

NA : Not Available.

* : Figures related to SRS 1994.

\+ : Three year moving average (1993—95)

Marketing of new diabetes drug

2532 **SYED SIBTEY RAZI:** Will the **PRIME MINISTER** be pleased to state:

(a) whether Government are aware that marketing of new diabetes drug by Warner-Lambert Co. in the U.S.A. by Pfizer Inc. and by Glaxo welcome in Europe, offers 'dramatic' results and could actually prevent the disease in patients at risk;

(b) whether manufacturers of the medicine referred to in part (a) above also claim that it would help